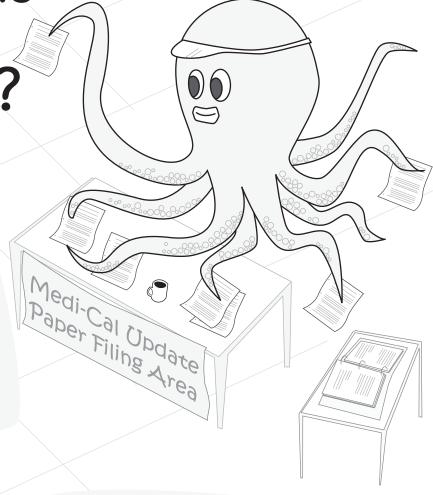
Do you need an

Octopus or a Mouse?

You don't need an assistant with eight arms to file your hard copy bulletins. You just need a mouse.

Opt Out of hard copy *Medi-Cal Updates* and stop shuffling paper. You can stay organized by having all bulletin notifications sent directly to your e-mail inbox.





Take the first step to becoming more organized. Mail the completed enrollment form on the back.

(Don't worry - you can always go back to printed bulletins if you start feeling *too* organized.)



OPT OUT ENROLLMENT FORM

The Opt Out service enables providers to receive monthly e-mails containing direct links to the latest *Medi-Cal Updates*, manual pages, training information and more. Providers who enroll in the Opt Out service will not receive hard copy (printed) *Medi-Cal Updates*.

Directions: Please print legibly and sign this form in black ink before mailing to EDS. An original signature is required.

Provider/Group Name:	Provider Number:		
Contact Name (if different from above):	Phone Number: ()	
Address:			
	City	State	Zip Code
E-mail Address:			
<u> </u>	PLEASE PRINT LEGIBLY		
I would like to receive e-mail notification of <i>Medi-</i> owish to receive hard copy (printed) <i>Medi-Cal Upda</i>		v.medi-cal.ca.gov	<u>v</u>). I no longer
Provider/Authorized Provider Representative	e Signature		
Printed Name of Signee		D	ate

IMPORTANT OPT OUT INFORMATION

Please allow time for EDS to process the *Opt Out Enrollment Form*. EDS will send an electronic verification to the e-mail address specified above to confirm receipt of the form and validate the e-mail address. The provider <u>must respond</u> to this e-mail in order for EDS to begin Opt Out services.

The Opt Out e-bulletins will be sent from **MCSubscriptions-OPTOUT@eds.com**, so please ensure that your e-mail settings will not block delivery.

In the event of an e-mail address change, it is the provider's responsibility to notify EDS by calling the Telephone Service Center (TSC) at the phone number below or by completing an *Opt Out Change of E-mail Address Form* (available on the Medi-Cal Web site).

If e-bulletins are returned to EDS as undeliverable for more than two months, EDS will automatically discontinue the provider's Opt Out service and the hard copy (printed) service will resume.

Mail this completed form to:



General Services Distribution EDS P.O. Box 13029 Sacramento, CA 95813-4029

For assistance, contact the TSC at: 1-800-541-5555

EDS Use Only		
Verification:		
Response:		